

Amma Home Health Care, Inc.

1620 Pebblewood Lane Suite 216

Naperville, IL 60563

P: 630.369.2680 F: 630.369.2886

EMPLOYMENT APPLICATION FORM

Pre – employment Questionnaire

An Equal Opportunity Employer

Date: _____

PERSONAL INFORMATION

NAME(Last Name, First)			SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT NO.	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	APT NO:	CITY	STATE	ZIP CODE	
HOME PHONE ()	CELL PHONE ()		FAX: ()	OTHER CONTACT (SPECIFY) ()	
ARE YOU 18 YEARS OLD OR OLDER? [] YES [] NO	IF UNDER 18, PLEASE LIST AGE		DATE OF BIRTH		
DO YOU HAVE A DRIVERS LICENSE? [] YES [] NO			MEANS OF TRANSPORTATION		
DRIVERS LICENSE NO.	STATE OF ISSUE		TYPE (OPERATOR, CDI, CHAUFFEUR)		EXPIRATION DATE
HAVE YOU HAD ANY ACCIDENTS IN THE PAST THREE (3) YEARS? [] YES [] NO			HOW MANY?		
HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? [] YES [] NO			HOW MANY?		

EMERGENCY CONTACT INFORMATION

NAME(Last Name, First)			RELATIONSHIP:		
PRESENT ADDRESS:	APT NO	CITY	STATE	ZIP CODE	
HOME PHONE: ()	CELL PHONE ()		FAX ()	OTHER CONTACT (SPECIFY) ()	
NEXT OF KIN			RELATIONSHIP		
ADDRESS			TEL ()		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START ____/____/____	DESIRED SALARY \$ _____. ____
ARE YOU EMPLOYED NOW? [] YES [] NO		IF SO, WHAT IS THE NAME OF YOUR CURRENT EMPLOYER?
HAVE YOU APPLIED TO THIS COMPANY BEFORE? [] YES [] NO		WHERE? WHEN?
HAVE YOU WORKED FOR THIS COMPANY BEFORE? [] YES [] NO		WHERE? WHEN?
REASON FOR LEAVING?		
NAME OF LAST SUPERVISOR AT THIS COMPANY?		
HOW DID U HEAR ABOUT US?		
[] EMPLOYMENT AGENCY [] NEWSPAPER AGENCY [] FRIEND _____ [] STATE EMPLOYMENT OFFICE [] COLLEGE PLACEMENT SERVICE [] WALK – IN [] OTHER _____		

DAYS/HOURS AVAILABLE TO WORK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

ADDITIONAL HISTORY

SCHOOL LEVEL	NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECT OF SPECIAL SUTDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

SERVICE RECORD

BALANCE SERVICE	DISCHARGE DATE RANK

Have you been convicted of a felony within the last 5 years?	[] YES	[] NO
If YES, EXPLAIN (will not necessarily exclude you from consideration)		

FORMER EMPLOYERS

LIST LAST TWO EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF EMPLOYER:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
STARTING SALARY:	FINAL SALARY:	MAY WE CONTACT YOUR SUPERVISOR? [] YES [] NO	
NAME OF SUPERVISOR:	TITLE:	CONTACT PHONE:	
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

NAME OF EMPLOYER:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
STARTING SALARY:	FINAL SALARY:	MAY WE CONTACT YOUR SUPERVISOR? [] YES [] NO	
NAME OF SUPERVISOR:	TITLE:	CONTACT PHONE:	
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Business	Years Acquainted

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references and employer listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal of otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature: _____

Date: _____